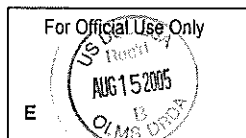


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7467</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CARMEN</u> <u>PARISE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3320 SUPERIOR AVENUE</u> City <u>CLEVELAND</u> State <u>Ohio</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION 473</u> Labor Organization File Number <u>038-241</u> P.O. Box, Building and Room Number, if any _____ Street <u>3320 SUPERIOR AVENUE</u> City <u>CLEVELAND</u> State <u>Ohio</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-9-05</u> Date <u>216-431-0473</u> Telephone Number

Name of Person Filing CARMEN FARISE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name DUVIN, CAHN &amp; HUTTON

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20TH FLOOR

Street 1301 EAST NINTH STREET

City CLEVELAND

State Ohio ZIP Code + 4 44114

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS UNION LOCAL 473 BENEFIT PLANS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3320 SUPERIOR AVENUE

City CLEVELAND

State Ohio ZIP Code + 4 44114

## 11.a. Nature of such dealing.

COUNSELORS OF LAW ON VARIOUS BENEFIT PLANS JOINTLY  
MANAGED BY EMPLOYER SPONSORERS AND TEAMSTERS UNION  
LOCAL 473 REPRESENTATIVES.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

GREEN FEES ON AUGUST 6, 2004.

## 12.b. Amount.

\$45

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing CARMEN PARISE

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name MASTERS &amp; ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE 1300

Street 1111 SUPERIOR AVENUE

City CLEVELAND

State Ohio

ZIP Code + 4 44114

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

COUNSELORS OF LAW TO TEAMSTERS LOCAL UNION 473

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

ENTERTAINMENT TRAVEL ACCOMODATIONS AND MEALS, JULY 1 AND 2, 2004.

## 12.b. Amount.

\$98

Name of Person Filing CARMEN PARISE	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name KEY BANK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 6717</p> <p>Street</p> <p>City CLEVELAND</p> <p>State Ohio ZIP Code + 4 44101-1717</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name TEAMSTERS LOCAL UNION 473 BENEFIT PLANS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 SUPERIOR AVENUE</p> <p>City CLEVELAND</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>CUSTODIAL BANK OF ASSETS HELD FOR INVESTMENT PURPOSES.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>GREEN FEES JULY 9, 2004.</p> <p>12.b. Amount. \$74</p>

Name of Person Filing CARMEN PARISE

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>DUVIN, CAHN &amp; HUTTON</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1301 EAST NINTH STREET</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>TEAMSTERS LOCAL UNION 473 BENEFIT PLANS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>3320 SUPERIOR AVENUE</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>COUNSELORS OF LAW TO VARIOUS BENEFIT PLANS JOINTLY MANAGED BY EMPLOYER SPONSORERS AND TEAMSTERS UNION LOCAL 473 REPRESENTAITVES.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>GREEN FEES SEPTEMBER 28, 2004.</u></p> <p>12.b. Amount. <u>\$60</u></p>